



<b>Policy and Procedure:</b> Indigent Care Trust Fund (ICTF) Policy		<b>Policy No.:</b> BO122
<b>Department:</b> Business Office		<b>Department Approval:</b> <i>SPURKS</i>
<b>Effective Date:</b> 9/19/2008	<b>Revision Dates/Initials:</b> 2/19/18 SND	<b>Administrative Approval:</b> <i>Patrick R. Fly</i>

## PURPOSE

To define Indigent and Charity Care as distinguished from bad debts, and to establish procedures to ensure consistent identification and recording at Warm Springs Medical Center. To define and adjust self-pay balances according to the Indigent Care Trust Fund (ICTF) Program set forth in Appendix Q of the Hospital Services manual.

## DEFINITION

Indigent and Charity Care results from a determination of a patient's ability to pay, not their willingness to pay. This determination should be made during the registration process or shortly thereafter. However, untoward events after the service date could change the patient's ability to pay, making retrospective determination a possibility.

## POLICY

It is the policy of Warm Springs Medical Center to provide appropriate healthcare services to individuals regardless of race, creed, national origin, handicap or method of payment, i.e., cash, check, money order and credit card(s). Patient responsibility for payment is essential to the provision of health resources in the community. However, certain patients may not have the ability to pay or have the sponsorship of entitlement programs.

### Emergency Care:

Patients presenting for emergency services will receive evaluation and stabilization for their condition regardless of their ability to pay. Services will be provided according to Federal, state, and EMTALA guidelines. Financial services will be available for patients to apply after stabilization, or upon receipt of first bill.

### Elective/Non-Emergent Care:

Patients requesting non-emergency/elective services at Warm Springs Medical Center may undergo financial screening prior to receiving care for elective services by contacting the registration department.

Eligibility:

Eligibility criteria is established based on ICTF policy in accordance to the federal poverty guidelines, updated annually.

Additional Criteria information:

- (a) Provide services for no charge to persons with income below 125 percent of the federal poverty level (Indigent Care).
- (b) Provide services at a reduced patient liability for persons with incomes between 125 and 250 percent of the federal poverty level (Charity Care). This liability is determined by a sliding fee schedule and it is available upon request.
- (c) Income to be considered in determining eligibility for Indigent or Charity Care may include, but are not limited to the following:
  - 1) The guarantor's gross income, using either the average monthly income for the previous three months or for the previous year, whichever is more favorable to the applicant.
  - 2) Self-employed individuals, the amount of income to be counted is gross minus work expenses directly related to producing the goods or services and without which the goods or services could not be produced.
  - 3) For monies received that may be considered as a non-recurring lump sum, consider the gross amount received as income in the month received.
  - 4) Temporary Assistance Needy Families (TANF) or Social Security Insurance (SSI) income received by any family member should be excluded.
  - 5) DO NOT use income for any person who is not financially responsible for the patient. (i.e. do not count income from one sibling as available to another sibling for purposes of paying medical bills. Also, do not count income from any child (minor or adult) in considering eligibility under the ICTF for the child's parent.
  - 6) The previous exhaustion of all other available resources.
  - 7) Catastrophic illnesses (medical bills exceed the family's gross annual income).
- (d) Family Unit
  - 1) The family unit consists of individuals living alone; and spouses, parents and their children under age 21 living in the same household.



A family unit may include minor children living with a legal guardian. The child, legal guardian, and the legal guardian's family unit living in the same household may comprise a family unit.

Income Requirements:

a) Verification Of Income:

- i. Copies of your three (3) most recent check stubs or an Employer Statement of Wages earned.
- ii. Copies of your most recent Federal Income Tax Return, along with copies of all W-2's for that year. If you have interest in any Business you must provide a copy of the Business' Federal Tax Return.
- iii. If you do not work but receive income from child support, food stamps, Social Security, unemployment or pension you must provide proof of that income.
- iv. If you do not have any income:
  - You may obtain a letter for Social Security or your local DFACS office. OR
  - You may also request a Wages and Income Statement from the Ga Department of Labor office.
- v. Any other pertinent information that may help us to decide your case.

Account Information:

- a) Discounts may be applied to open and bad debt patient liability accounts balances.
- b) Applications are accepted up to one (1) year of account discharge date.
- c) All financial assistance approvals will continue to be valid for six (6) months.

Resident Requirements:

Patient must be a Georgia Resident.

Charges:

Any patient eligible for financial assistance under the ICTF policy will not be charged/billed more than the amounts generally billed for emergency or non-emergent medically necessary care, who have insurance that covers such care.

**PROCEDURE**

- A. Each patient who appears eligible for Indigent or Charity Care determination and who requests such determination must complete a "Georgia Indigent Care Trust Fund Application" and provide supporting documentation as requested and necessary to verify the patient's financial condition. The application and supporting documentation must be received by the Business Office within thirty (30) days from the date of request, unless extenuating circumstances exist. The prospective Indigent and/or Charity accounts must remain in a self-pay financial class and regular collection efforts will continue until the application and documentation is received. These accounts are not to be left on the active A/R indefinitely, but adjusted off to bad debt and referred to a collection agency if the appropriate information is not received in a timely fashion.



- B.** This application is reviewed by the Business Office Manager or the designated Business Office Representative, who will make the determination and classify the service as:
- a) *Indigent* – household income below Federal poverty guidelines: 100% adjustment of total charges.
  - b) *Charity* – household income above Federal poverty guidelines, 25%, 50% or 75% discount off total charges. The remaining balance will be due and payable by the patient and normal collection efforts will continue.
  - c) *Uninsured* – patients who do not qualify for an Indigent or Charity Care discount, but have difficulty paying – we will work closely with the patient to establish an appropriate payment plan, based on the amount due and the patient’s ability to pay. Extenuating factors such as large medical bills or multiple medical bills will be taken into consideration.
  - d) *Patient balances after insurance payment* – prompt payment discounts to patients on their co-pays and deductibles may be offered in accordance with the Billing and Collections Policy.
  - e) Time of service discounts are available (see Billing and Collections policy)
- C.** The application and all supporting documentation will be reviewed and a decision will be made based on the federal poverty level calculations within fifteen (15) working days of receipt. Once the determination has been made a letter will be mailed to the patient with the final decision.
- In the case of an ineligible outcome, a second Business office representative will review the application and supporting documentation for a reconsideration.
  - Once all reviews of the application have been determined a denial letter with the reason will be sent to the patient with contact information for the Department of Community Health at toll-free number 1-877-261-3117 or local 404-463-5827 if the applicant disagrees with the final determination.
- D.** Business Office Representative will post the appropriate accounting transactions to reflect these discounts and it must be posted in the month the determination is made to the patients account
- E.** Warm Springs Medical Center will maintain written documentation regarding each Indigent/Charity Care/Self Pay discount determination for the appropriate timeframe of five (5) years.
- F.** Warm Springs Medical Center will maintain a Log of Patient Accounts, with patient identifying information that has been adjusted from the patients hospital accounts based on the ICTF guidelines as laid out in this policy.
- G.** Methods of Applying for Financial Assistance include,

- Downloading an application from Warm Springs Medical Centers website [www.warmspringsmc.org](http://www.warmspringsmc.org), and mailing or delivering to:

**Warm Springs Medical Center**  
**Attn: Business Office**  
**PO Box 8**  
**Warm Springs, GA 31830**

- By obtaining an Application Form from the Registration Desk, Business Office, or by calling our office at (706) 655-9297 and requesting an application be mailed.
- Financial Assistance application with supporting documentation should be returned back to WSMC for processing.

## **PUBLICATION OF POLICY**

- A. All appropriate documentation will be posted in the areas for patient notification per the “Public Notification about the ICTF Program” section of Appendix Q. All publications will be updated and amended as necessary,
  - a. WSMC will provide a plain language summary notifying individuals of the ICTF program and the eligibility requirements.
  - b. The direct website address and physical location where an individual may obtain a free copy of this policy, the application forms, and any contact information for hospital staff that is available to assist with the ICTF program.
  - c. Provide information regarding ICTF program on patient statements.
  - d. Publish notices in newspapers of general circulation in the area.
  - e. Place signs in the emergency room, business office, and registration area that include appropriate program information.
  - f. Provide notices in English, Spanish, and any other languages as appropriate.
  - g. Staff will communicate the content of the notices to people who are unable to read and will assist individuals that may have difficulty applying for program services.

## **ATTACHED DOCUMENTS**

- a. Plain Language Summary
- b. ICTF Application
- c. ICTF Application Instructions
- d. ICTF Federal Poverty Guidelines, updated each year accordingly